

**NJ DEPARTMENT OF HUMAN SERVICES
CRIME VICTIM EXEMPTION FORM**

According to NJSA 52:4B-37 and 38 (also known as the Crime Victim's Bill of Rights), that was amended by c.208, P.L. 2001 (effective August 15, 2001) the definition of "victim" is "a person who suffers personal, physical or psychological injury or death or incurs loss of or injury to personal or real property as a result of a crime committed against that person. Victim also includes the nearest relative of the victim of a criminal homicide."

In order to claim a crime victim exemption from financial assessment as a legally responsible relative (LRR) you must complete this form and submit certain information to verify that status. The county adjuster will review the information and determine if you qualify for the exemption.

Client Name: _____ **Facility:** _____

Print Name of Person Claiming Exemption: _____

Relationship to Client: _____

We do not have access to certain information (sealed records, etc.) which would prove your status as a crime victim, therefore the burden of proving victim status is your responsibility. The following is a list of document that may be submitted to substantiate this status. This list is not intended to be all-inclusive; you are permitted to submit other forms of proof or information that you consider relevant to your claim for a crime victim status exemption.

1. Police report, identifying victim
2. Indictment, if any
3. Judgement of Conviction
4. Court Order Finding the defendant Incompetent to Stand Trial (IST), or
5. Court Order Finding the defendant Not Guilty By Reason of Insanity (NGRI)
6. Restraining Order

Certification: (Please check appropriate line and sign.)

_____ I hereby claim an exemption from financial assessment as an LLR because I meet the criteria of a crime victim as defined above. I understand that I must submit certain types of proof/verification to be granted this exemption. Below my signature I have listed the attached copies of the document that I believe verify my status as a crime victim. I understand that if statements made herein are false that I may be subject to prosecution.

_____ I make no claim.

Signature: _____ **Date:** _____

List Attached Verification Documents: _____
